

is the oblique contraction, consisting of "a complete ankylosis of one of the sacro-iliac symphyses, with imperfect development of one half of the sacrum, contraction of the anterior sacral foramina of that side, and diminished width of the os coccygis and ischiatic notch." In consequence of this disposition, the pelvis is narrowed obliquely, that is to say, in the direction of the diameter crossing that which extends from the points of ankylosis to the acetabulum of the opposite side, while the latter diameter on the contrary is not lessened, and, when the deformity is considerable, even offers more space than in the normal state.

Dr. Nagelé first met with this faulty conformation in 1803. Two women, the subjects of these observations, had only been delivered after much trouble: in one the forceps had been applied with very great difficulty, in the other perforation of the cranium had to be resorted to; both sunk under the effects of their confinements. The author saw then only the anatomical preparations; but, in 1828, he fell in with a woman who presented a remarkable example of it. She was a young girl, large and apparently well formed. The callipers gave seven full inches antero-posteriorly; the sacro-vertebral angle could not be reached with one or even two fingers. Her labour lasted three days before the head had descended sufficiently to warrant the application of the forceps. The termination of the accouchement, by means of this instrument, presented unexpected difficulties, and required so much exertion that they afterwards regretted not having practised perforation of the cranium. Five days after, the woman died of puerperal fever. At the autopsy was found the deformity described by Dr. Nagelé as oblique contraction.

His attention being roused by these facts, M. Nagelé caused researches to be made in the anatomical museums, and learned with surprise that this defect of conformation, which had until then passed unperceived, was quite frequent, for in the course of years a pretty large number of similar pelvises have been encountered.—*Journ. de Méd. et de Chir. Prat.* May, 1840.

60. *On Convulsions during Pregnancy and Delivery.*—The following general conclusions close a very able memoir on the above subject from the pen of one of the most experienced accoucheurs in Paris, M. CAPURON.

1. Convulsions occur much more frequently during a delivery at the full period than during a miscarriage—doubtless, from the greater severity of the pains and the consequent greater disturbance of the circulatory and nervous systems. Indeed it is truly astonishing that such protracted suffering as almost always accompanies a first labour does not in every instance induce some convulsive attack.

2. The majority of the women, who are seized with convulsions during pregnancy or labour, are of a sanguineous and plethoric constitution, and usually of an irritable and highly nervous temperament.

3. The attack is often preceded by some precursory symptoms, such as headache, confusion, noises in the ear, twitches of the tendons of the fingers or toes, or of the muscles of the face, and a tendency to bewilderment and forgetfulness. The patient is usually much depressed in her spirits, and very apprehensive of the result of her labour.

Perhaps, however, generally the convulsions come on unexpectedly and without any premonitions.

4. The convulsions, after lasting for a longer or shorter period of time, usually terminate in deep somnolence, during which the respiration is heavy and more or less stertorous, and the pulse is full and large, such as is commonly felt in sanguineous apoplexy: occasionally a partial tetanic contraction of the jaws continues for a considerable time after the abatement of the general spasms.

5. From what I have observed, I am inclined to be of opinion that an attack of convulsions during a premature labour is on the whole more dangerous than a similar attack if the labour should be at the full period of gestation.

We might expect that this should be the case, when we consider that the

cervix uteri is generally harder, less pliant, and more resisting, if labour happens to come on in the seventh or eighth month of pregnancy.

6. According to the results of my experience, local and general bloodletting and the use of warm relaxing baths are the most powerful means both to prevent and to arrest the attacks of puerperal convulsions. The blood-letting relieves the congested vessels of the head, and probably also the sanguineous accumulation in the uterus, and the warm bath takes off the spasmodic state of this organ and of every other part of the body, by inducing a derivative action towards the surface. As auxiliary means of occasional utility, the extract of belladonna rubbed on the cervix uteri, and some of the milder preparations of opium given externally, may be mentioned with praise.*

7. If we should find on examination that the cervix uteri forms a rigid band around the head or neck of the child, and that the labour-pains make little or no impression upon it, even after blood-letting and other relaxing means have been used, we should not hesitate to divide the constricting portion at one or two places of its circumference with a bistoury. In all such cases, it becomes the accoucheur to ascertain the state of the urinary bladder; as it has been found, in more than one instance, that over distension of this viscus has powerfully predisposed to, if it has not actually caused, the occurrence of convulsions during accouchement.

If the head of the child be within reach of the forceps, we should never hesitate at once to finish the labour by extraction. But if this be impracticable, and the convulsions still continue, recourse must be had without delay to the use of the perforator and crotchet.—*Med. Chirurg. Rev.* July, 1840, from *L'Experience*.

61. *Remarkable Cases of Placentitis*; by M. GHERSI.—*Case 1. Gangrene of the Placenta*.—F. M., ætat. 26, slender, of a sanguine temperament, was subject to gastro-enteric irritations which at times deranged the functions of the uterus. At the age of 24 she married; two months after she had metrorrhagia which lasted two days, together with pain in the kidneys, succeeded by an expulsion of a fœtus of forty days. The following year she again becomes pregnant, and continues well until the fourth month, (Feb. 25, 1839,) when she was taken with pains in the loins and subpubic region, and soon after with metrorrhagia. Six days elapsed without any remedies being employed except the application of a plaster to the loins, at the recommendation of a midwife. The symptoms becoming aggravated, Dr. Manco was called, and found the following state of things: Dull pain in the head, rather dry tongue, thirst, general lassitude; full and vibrating pulse, dull pain in the pubic region; metrorrhagia of variable intensity at different hours of the day. Bleeding from the arm, rigid diet, acidulous drinks, and absolute rest, were prescribed. The flooding and other symptoms were removed in four days.

Ten days later, (March 17,) the lumbar and pubic pains reappeared and continued for ten days, then increased and caused a renewal of the hæmorrhage. At this juncture M. Ghersi was called in. He took a little blood from the arm, but the flooding considerably increased; blood streamed from the womb just in proportion as it was allowed to flow from the arm. The vein of the latter was closed, and the uterine hæmorrhage abated; but it reappeared at intervals until the evening of the 28th of March.

Then the lumbar and pubic pains grew stronger and stronger, and the flooding still more abundant; compresses wet with cold vinegar and water and laid over the hypogastric region; but, much to the astonishment of the physician, they

* M. Capuron omits to mention two of the most powerful remedies in the subjugation of puerperal convulsions—viz. the tartrate of antimony and full doses of camphor. The former may be given in doses of half or of a whole grain, combined with a drachm of syrup of poppies, every quarter of an hour, (after venesection,) until the spasm relaxes. From five to ten grains of camphor with fifteen to twenty drops of tincture of henbane, administered every half hour or so, constitute also a most potent remedy.—*Rev.*